

Fall 2016

Creating an Agency Coordination Plan for Care Compass Network

Megan E. Griffiths

Binghamton University--SUNY, mgriffi2@binghamton.edu

Follow this and additional works at: https://orb.binghamton.edu/mpa_capstone



Part of the [Public Affairs, Public Policy and Public Administration Commons](#)

Recommended Citation

Griffiths, Megan E., "Creating an Agency Coordination Plan for Care Compass Network" (2016). *Capstone Projects 2015-Present*. 29.
https://orb.binghamton.edu/mpa_capstone/29

This Book is brought to you for free and open access by the Public Administration at The Open Repository @ Binghamton (The ORB). It has been accepted for inclusion in Capstone Projects 2015-Present by an authorized administrator of The Open Repository @ Binghamton (The ORB). For more information, please contact ORB@binghamton.edu.

Creating an Agency Coordination Plan for Care Compass Network

Megan Griffiths, Department of Public Administration
Binghamton University
Fall 2016

BINGHAMTON
UNIVERSITY
STATE UNIVERSITY OF NEW YORK

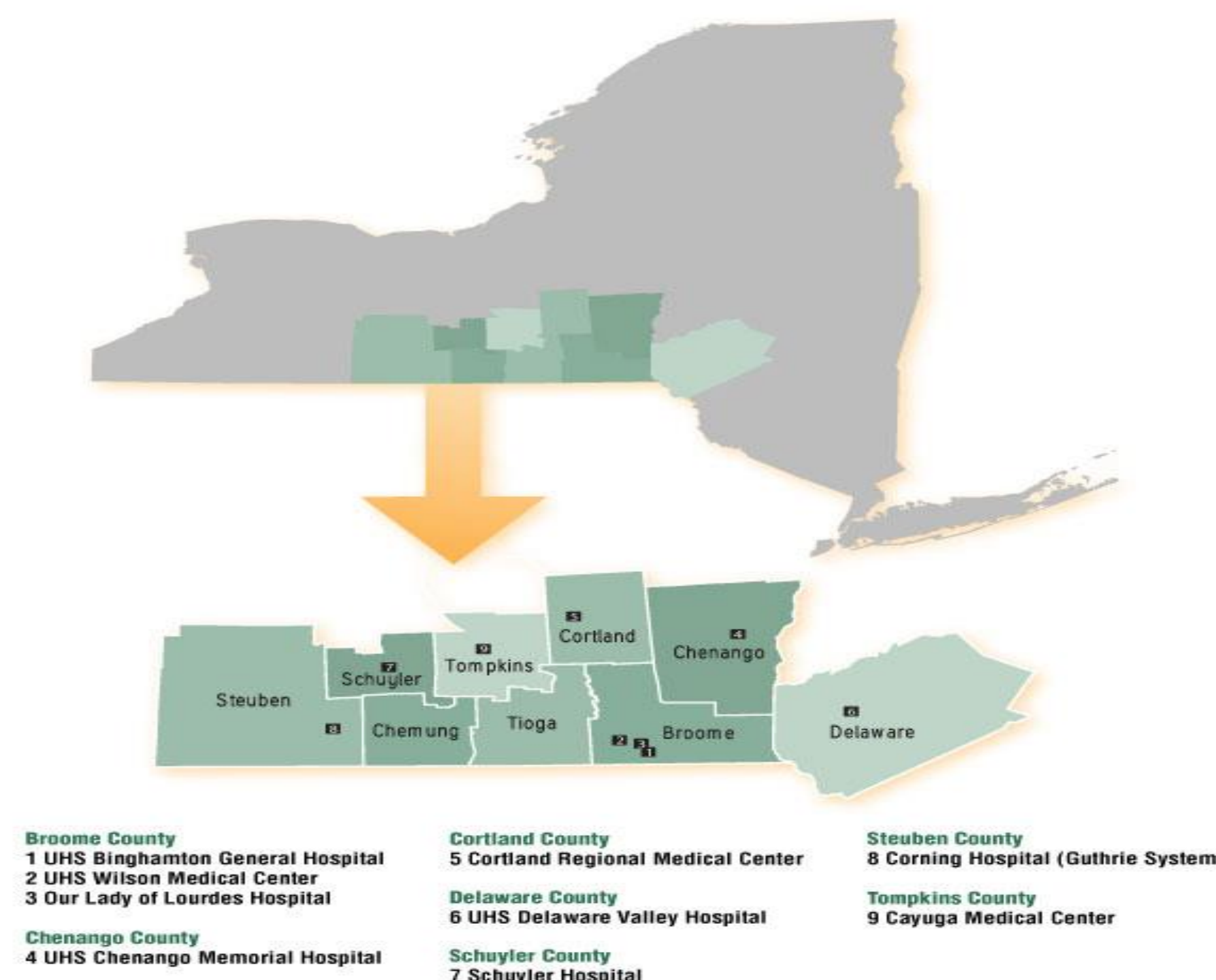
CARE COMPASS
NETWORK

Introduction

Care Compass Network (CCN) is a new non-profit organization that partners with local hospitals, community based organizations, and local government units whose aim is to transform the way Medicaid beneficiaries receive benefits from New York State.

As a part of New York State's Delivery System Reform Incentive Program (DSRIP), Care Compass Network collaborates with various agencies throughout a nine-county Performing Provider System (PPS) in the Southern Tier of New York.

My capstone project is to develop an Agency Coordination Plan for CCN, which the organization must submit to New York State in order to meet requirements. This plan will guide their current and future partnerships with local government agencies.



Goals of Project

- Determine what prevents local government units from contracting with CCN
- Determine strategies that will allow CCN to overcome these barriers
- Identify what processes local governments go through when pursuing a partnership with CCN
- Develop an Agency Coordination Plan that portrays CCN's understanding of barriers that local governments face and how CCN plans to effectively navigate those barriers
- Encourage collaboration between CCN and local governments
- Prevent future difficulties in pursuing formal partnership, which will lead to better outcomes for Medicaid Members

Methodology

In order to determine barriers that agencies face, an online survey was sent out to agency leaders throughout the nine-county area. One leader opted to do a phone interview instead of the online survey. The surveys and interview yielded both qualitative and quantitative data. The agency leaders were asked about:

- The type of services their agency provides
- Their current level of understanding of DSRIP
- Their familiarity with the CCN contracting process
- The status of their contract with CCN
- What barriers they faced if they did contract with CCN
- If they have not contracted, what is holding them back from doing so
- The impact of CCN's funding model on the contracting process
- The number of people in their agency a partnership with CCN would impact
- The benefits and disadvantages to partnering with CCN
- What they expect from CCN staff
- Any additional suggestions they had for they have for effective partnership

Sample and Limitations

Sample

- Sample Size: 30
- Respondents: 12 (11 via survey, 1 via interview)
- Response Rate: 40%

Limitations

- Low response rate
- Not all respondents answered all questions
- Respondents may not be representative of agencies in different areas of the nine county region

Findings

There were three major barriers identified by survey respondents and the interviewee:

- Legal Barriers-** contracts are delayed when submitted to county legal departments
- Reimbursement Barriers-** the complexity of how agencies are reimbursed from CCN and NYS play a role in the contracting process
- Lack of Workforce-** agencies lack the manpower to adequately meet the contracting requirements (such as attending meetings and added reporting) of CCN

"County Attorney will not approve the contract. We have requested additional information and clarification from the PPS which they have readily provided, still having difficulty getting the CA to sign off."

"The largest barrier to date in utilizing CCN resources to enhance community services/systems of care seems to be limitations in how the funding can be used."

"As a County agency there are many layers of bureaucracy to move through to contract. The process probably takes a little longer. The most significant barrier is lack of workforce resource. There is not enough administrative infrastructure to address problems as timely as probably should."

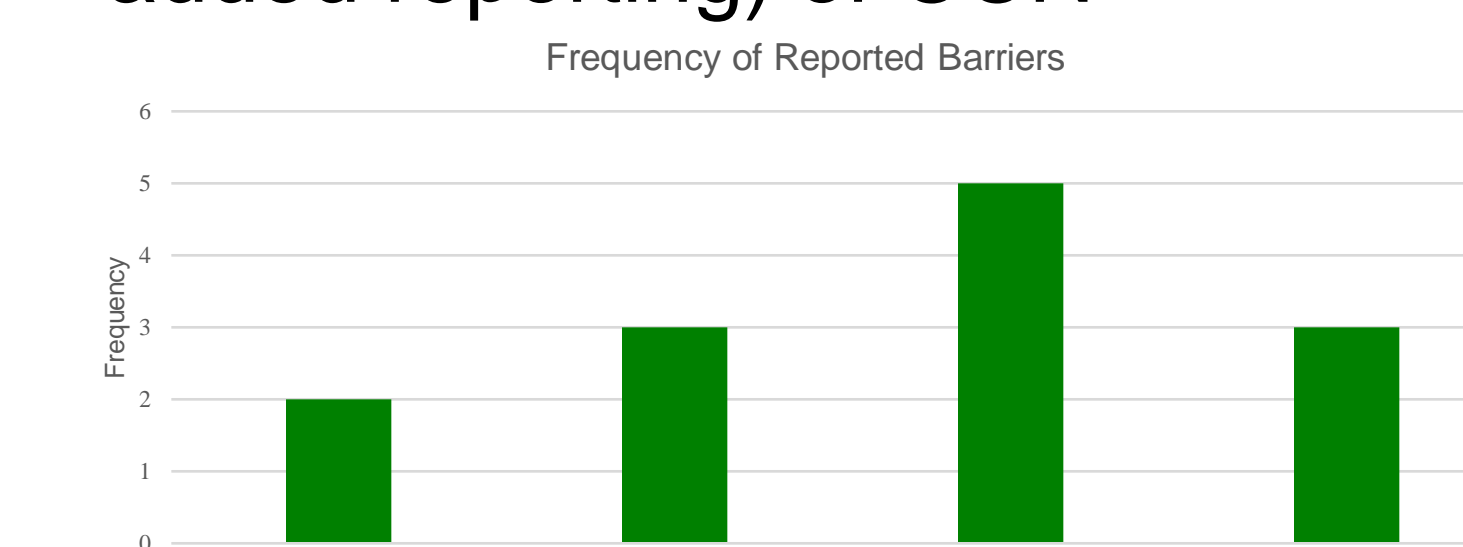


Figure 1: 5 of the 12 respondents reported workforce issues as a barrier to partnership

Out of the 12 respondents, 6 have partnered with CCN and 6 have not. A majority of those that have partnered reported no barriers, while a majority of those who have not reported the workforce barrier.

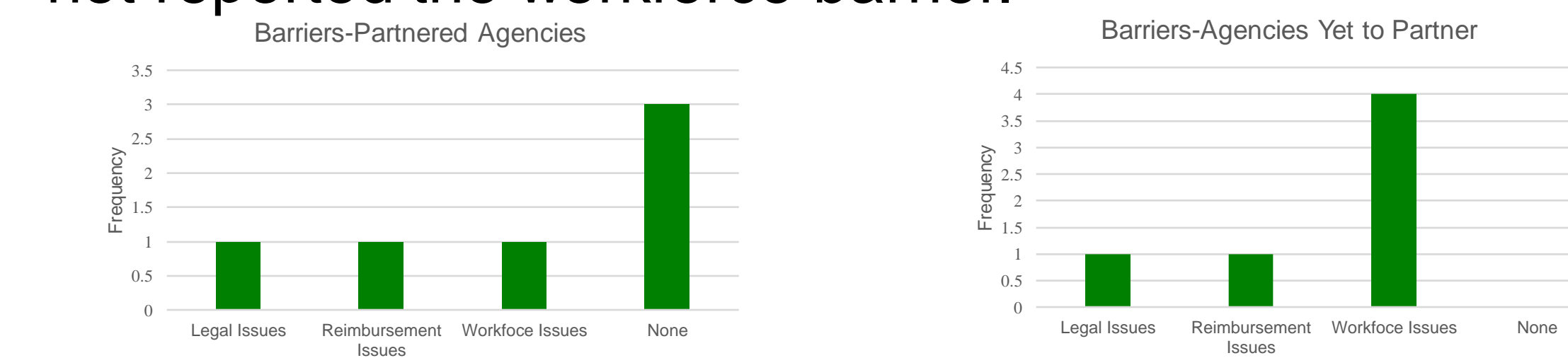


Figure 2: Half of the agencies that have partnered with CCN experienced no barriers

Figure 3: Two-thirds of non-partnered agencies reported lack of workforce as their main barrier

A partnership with CCN would impact multiple employees at a majority of the agencies, placing extra a burden on multiple individuals.

Q3 Does partnership with CCN have a staffing impact on one individual in your organization or multiple?

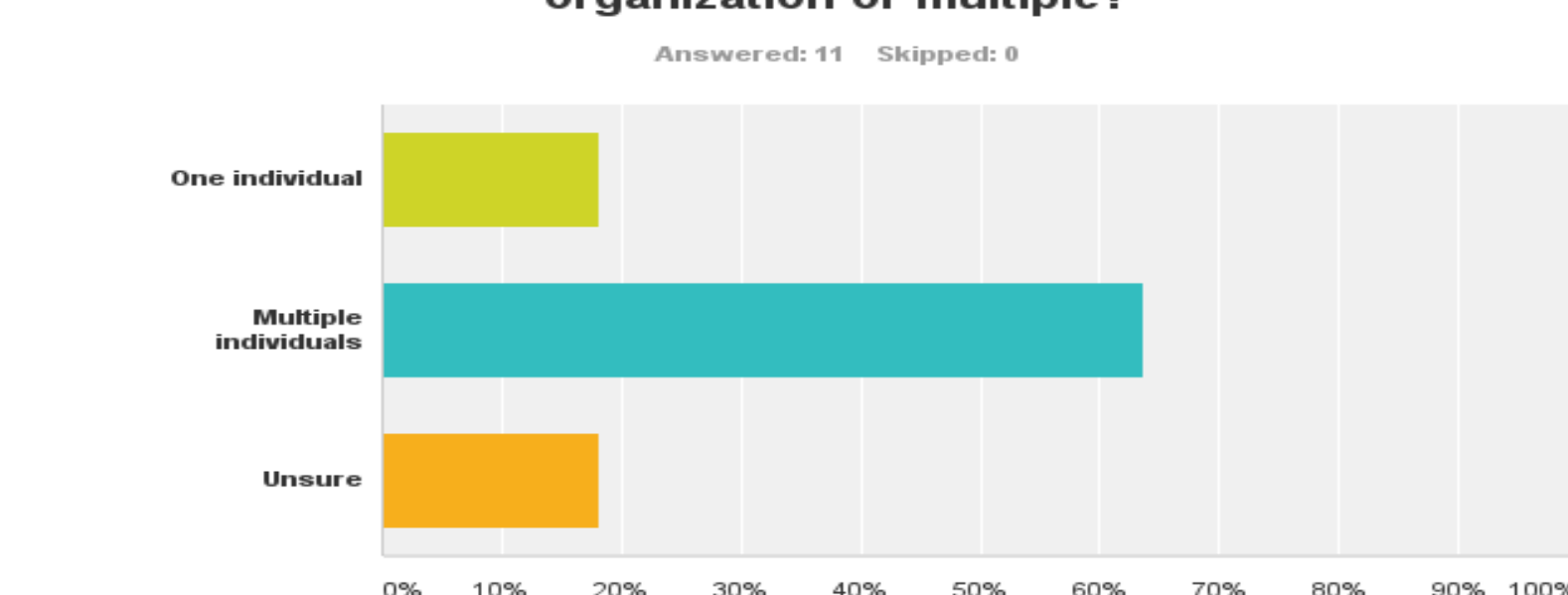


Figure 4: Nearly 70% of respondents reported that multiple individuals would be affected by a CCN contract

A lack of understanding of New York State DSRIP procedures was not one of the barriers to partnership.

Q2 On a scale of 1-5, what is your current understanding of the DSRIP program?

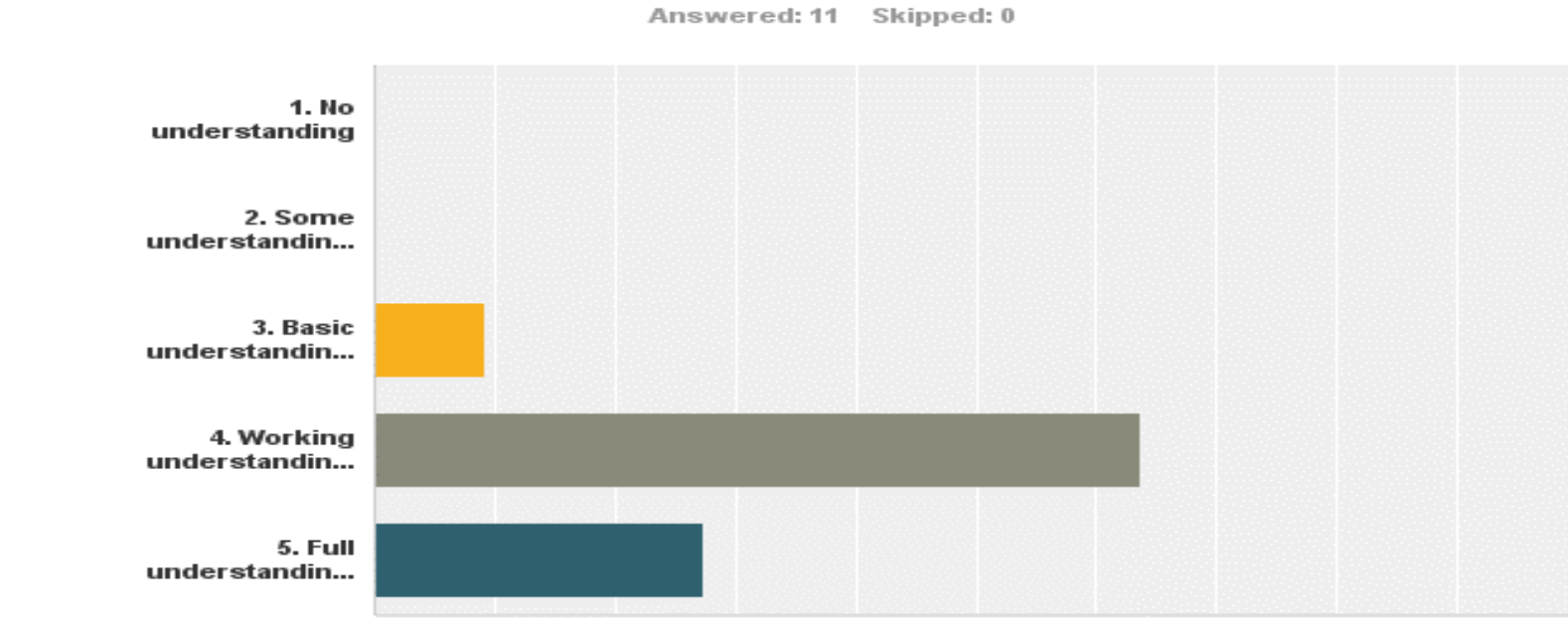


Figure 5: All respondents had at least a basic understanding of DSRIP, with the majority reporting a "working understanding."

Conclusions

Many of the barriers are out of the control of both CCN and the partnering local government department:

- Leaders' hands become tied when they are waiting for their county's legal departments to approve contracts
- Neither CCN nor local governments can navigate around New York State Medicaid reimbursement rules and regulations
- The local government departments cannot simply increase their workforce due to lack of funding from New York State. This makes it difficult for them to create effective partnerships with organizations such as CCN. Agencies do not have the time to complete all reporting requirements that a CCN partnership requires.

Recommendations

While many of the barriers are out of the control of CCN and the local government agencies, CCN can take the following steps to ensure more effective partnerships:

- Create an online platform that allows agencies to "attend" meetings at their convenience:** Having an online platform would save time for agencies and could encourage partnership from agencies that are concerned over lack of workforce
- Become more familiar with each entity and their needs:** The problems that agencies face in Binghamton may not be the same for ones in more rural regions, such as Chenango County
- Collaborate with other PPSs:** Learning how other PPSs navigate barriers in their region could lead to strategies and solutions for CCN

Acknowledgements

Rachael Haller, Project Manager, Care Compass Network
The Provider Relations team at Care Compass Network
Kristina Lambright, Faculty Advisor, Department of Public Administration
The faculty and staff at the Binghamton University Department of Public Administration